



YEAR 2017

DELAWARE 5TH GRADE STUDENT ASSENT AND SURVEY INSTRUCTIONS

This survey is part of a study the University of Delaware does every year to provide information on student behaviors and beliefs, including the use of cigarettes, alcohol and other drugs. Results are used to make better decisions about the kinds of programs and policies needed to support the health and well-being of Delaware students.

All answers are entirely

- Confidential—no one will see your answers or know how you answered the questions
Anonymous—do not put your name on the survey; we do not want to know how any one person answered, only about percentages of answers of all students combined
Voluntary—there is no penalty if you choose not to fill out any part of the survey or all of it

This IS NOT A TEST, so there are no right or wrong answers. If you don't find an answer that fits exactly, choose the one that comes closest. If a question does not apply to you, or if you are not sure what it means, just leave it blank. Please work as quickly as you can. If you have any questions, raise your hand and I will come to help you. Unless it says "Mark all that apply," please mark only one answer for each question. When you are finished, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished.

Remember:

- Read the instructions before you answer.
Fill in the circle next to the answer you choose completely, like the example below:

I am in the 5th grade:

- Yes
No

MARKING INSTRUCTIONS
Use a No. 2 pencil only.
Do not use ink, ballpoint, or felt tip pens.
Make solid marks that fill the response completely.
Erase cleanly any marks you wish to change.
Make no stray marks on this form.
CORRECT: [filled circle] INCORRECT: [checkmark in circle], [X in circle], [half-filled circle], [circle with dot]

PLEASE DO NOT WRITE IN THIS AREA
[Row of 25 circles, first one filled]



PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is the zip code for your home address? Please write in the numbers, then fill in the proper circles.

(Example)

ZIP CODE				
1	9	7	1	6
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input checked="" type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

ZIP CODE				
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

2. Are you a:

- Boy
- Girl

3. Are you Hispanic or Latino?

- No
- Yes, I am Mexican, Mexican American or Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban or Cuban American
- Yes, I am some other Hispanic or Latino

4. Which one of these groups BEST describes you? (CHOOSE ONLY ONE)

- American Indian or Alaskan Native
- Asian
- Black or African American
- White/Caucasian
- Other _____

5. How old are you TODAY?

- 9 years old or younger
- 10 years old
- 11 years old
- 12 years old or older

6. In the past 12 months, has any adult family member: (MARK ALL THAT APPLY)

- Been in jail or prison
- Been active in the military
- Lost a job or been unable to find work (mother)
- Lost a job or been unable to find work (father)
- Left the family for some other reason

7. During an average week, do you live in more than one home (please do not include sleepovers):

- Yes
- No

8. Which of the following people live with you most of the time? (MARK ALL THAT APPLY)

- Mother(s)
- Father(s)
- Foster parent(s)
- Guardian(s)
- Grandparent(s), aunt(s), uncle(s)
- Stepparent(s)
- Brother(s), stepbrother(s)
- Sister(s), stepsister(s)
- Non-family member(s)

9. How many times has your family moved since you started Kindergarten?

- We have not moved
- 1 time
- 2 times
- 3 or more times

10. Do you take medicine to help you concentrate better in school?

- Yes
- No

11. Do you have your own cell phone?

- Yes
- No

PLEASE ANSWER YES <u>OR</u> NO TO THESE QUESTIONS:	YES	NO
26. There is an adult present where you go after school.	<input type="radio"/>	<input type="radio"/>
27. Your parent(s) (foster parent, guardian) asks you if you've gotten your homework done.	<input type="radio"/>	<input type="radio"/>
28. This year, have you been in a physical fight at school?	<input type="radio"/>	<input type="radio"/>
29. This year, have you been in a physical fight in your neighborhood?	<input type="radio"/>	<input type="radio"/>
30. During the past 30 days, have you been bullied at school?	<input type="radio"/>	<input type="radio"/>
31. During the past 30 days, have you been bullied in your neighborhood?	<input type="radio"/>	<input type="radio"/>
32. During the past 30 days, have you been bullied through texting, Instagram, Facebook, etc.?	<input type="radio"/>	<input type="radio"/>
33. During the past year have you seen or heard adults in your home hurting each other?	<input type="radio"/>	<input type="radio"/>
34. During the past 30 days, have you been hit by an adult with the intention of hurting you?	<input type="radio"/>	<input type="radio"/>
35. During this school year, have you had any lessons in school about making good decisions, setting goals, or resolving problems with other people?	<input type="radio"/>	<input type="radio"/>
36. In the past month, have you stolen (not borrowed) something?	<input type="radio"/>	<input type="radio"/>
37. In the past month, have you damaged or destroyed something on purpose that didn't belong to you?	<input type="radio"/>	<input type="radio"/>
38. Teachers in your school treat students with respect.	<input type="radio"/>	<input type="radio"/>
39. Have you hit anyone in the past month with the intention of hurting them?	<input type="radio"/>	<input type="radio"/>
40. Has your parent(s) (foster parent, guardian) spoken to at least two of your friends in the past month?	<input type="radio"/>	<input type="radio"/>
41. During the past 30 days, have you lied to your parent(s) (foster parent, guardian) about where you were or what you were doing?	<input type="radio"/>	<input type="radio"/>
42. If you break your parents' rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>
43. If you break the school rules, will you definitely be punished?	<input type="radio"/>	<input type="radio"/>

44. How many days in the past 7 days did you eat breakfast?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

45. In the past month, was there any day when you went hungry because there wasn't enough food at home?

- Yes
- No

46. Have you ever smoked most of a cigarette (more than a few puffs)?

- Yes
- No

47. Is it easy or hard for someone your age to get cigarettes?

- Easy
- Hard
- I'm not sure

48. Is it easy or hard for someone your age to get alcohol (beer, wine, or liquor)?

- Easy
- Hard
- I'm not sure

49. Is it easy or hard for someone your age to get marijuana (weed or pot)?

- Easy
- Hard
- I'm not sure

PLEASE ANSWER YES OR NO TO THESE QUESTIONS:

	Yes	No
50. Do any of your friends smoke cigarettes?	<input type="radio"/>	<input type="radio"/>
51. Do any of your friends drink alcohol?	<input type="radio"/>	<input type="radio"/>
52. Do you know places where students your age can buy cigarettes?	<input type="radio"/>	<input type="radio"/>
53. Do you know places where students your age can get alcohol without paying for it?	<input type="radio"/>	<input type="radio"/>

REMEMBER THAT YOUR ANSWERS ARE PRIVATE. PLEASE MARK THE ANSWER IN EACH ROW THAT COMES CLOSEST TO SHOWING HOW OFTEN YOU HAVE EVER USED EACH

	NEVER	BEFORE, BUT NOT IN PAST YEAR	A FEW TIMES IN PAST YEAR	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ALMOST EVERY DAY
64. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. E-cigarette or Vape (tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Cigars, cigarillos, little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Chewing tobacco, snuff, dip (Skoal, Red Man, Snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Marijuana (pot, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Inhalants (sniffing glue, sprays, gasoline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Prescription pain medicine without a doctor's order or differently than how a doctor told you to use it (Codeine, Vicodin, OxyContin, Percocet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Ritalin, Adderall, Strattera, Concerta, or Vyvanse to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Other prescription drugs to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Dactyls (rubes, dacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Over-the-counter drugs to get high (3C, cough syrup, antihistamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

